

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

11/3/98  
Lobbyist's Registration Number

## FOR OFFICE USE ONLY

Postmark Date: 11/5/98

REG  
1980769

V#009546  
\$10.00  
WMI

1. NAME PATERNOSTRO Dino D.  
Last First MI

2. BUSINESS PHONE 504-837-1171  
Area Code and Phone Number

3. BUSINESS ADDRESS 2450 Severn Ave Ste 210 Metairie LA 70001  
Street and No. City State Zip

4. EMPLOYER Metropolitan Hospital Council of New Orleans

5. EMPLOYER'S ADDRESS Same  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Same as above

Address Same as above

Business or purpose hospital trade association

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

HAND DELIVERED

# LOBBYING REGISTRATION FORM

|                                |
|--------------------------------|
| 11300                          |
| Lobbyist's Registration Number |

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of Louisiana  
Parish of Jefferson

Before me, the undersigned authority, personally came and appeared Dino A. PATERNO who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Dino A. Paterno  
Signature of Lobbyist

Sworn to and subscribed before me on this 12th day of January, 1998

Michael J. Stassi  
Notary Public

Rev. 8/97

**JOHN A. STASSI II**  
Notary Public  
Jefferson Parish, Louisiana  
My Commission is for Life.

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

